

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 143

Registered No. 4

1. PLACE OF BIRTH

County PimaState Arizona

Township

or Village

City Hayden

No.

St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Richard Encinas Jr

If child is not yet named, make supplemental report, as directed

3. Sex Male

If plural births

4. Twin, triplet, or other

6. Premature

7. Legiti-

8. Date of birth

June 5, 1931
(Month, day, year)

5. Number, in order of birth

Full term

mate? yes

9. Full name

FATHER

Richard Encinas

18. Full maiden name

MOTHER

Lily Acena

10. Residence (usual place of abode)

(If nonresident, give place and State)

Hayden

19. Residence (usual place of abode)

(If nonresident, give place and State)

Hayden

11. Color

Mex12. Age at last birthday 21 (Years)

20. Color

Mex21. Age at last birthday 18 (Years)

13. Birthplace (city or place)

(State or country)

HaydenAriz

22. Birthplace (city or place)

(State or country)

FairbanksAlaska

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

Copper mine

16. Date (month and year) last engaged in this work

Jan 8, 1931

17. Total time (years) spent in this work

19

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

Own home

25. Date (month and year) last engaged in this work

19

26. Total time (years) spent in this work

19

27. Number of children of this mother

(at time of this birth and including this child)

(a) Born alive and now living 1(b) Born alive but now dead 0(c) Stillborn 0

28. If stillborn,

period of gestation

{ months

or weeks

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 12:15 m. on the date above stated
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Charles H. Heston

or

Midwife

Given name added from a supplemental report

(Date of)

Address Hayden ArizFiled Jan 10, 1931

1931

WSD

Jan 10

Registrar

Registrar

952-108-311

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.